

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

**145**

State File No. \_\_\_\_\_  
Registered No. 117

**1. PLACE OF BIRTH**

County Pima State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Pima County Hosp. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dellbert Roy Hicks (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth June 2 1933  
Month Day Year

8. FATHER Full name Lloyd H. Hicks 14. MOTHER Full maiden name Maddie Perry

9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 24 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Globe 18. Birthplace (city or place) Lubbock, Texas  
(State or country)

13. Occupation Cattlemen 19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes  
(Taken as of time of birth of child herein certified and including this child.)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 7:15 am. on the date above stated.  
(Born alive or stillborn.)

Signature C. J. Hunter (Physician or Midwife)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report 482-602-478 Month, day, year 7/9/33 19 33  
Registrar L. E. Wightman M.D.